

QUALIFYING STATEMENT OF INTENT SPECIAL ELECTION CANDIDATE



I, _____
Name, as it will appear on the ballot

Mailing Address

Street Address

_____ *City* _____ *State* _____ *Zip code*

_____ *Work telephone* _____ *Home telephone* _____ *Fax Number*

a qualified elector of the County of _____

and the _____ District (if applicable), of the State of Mississippi; do hereby declare

my candidacy for the office of _____
Complete name of office sought

I hereby certify that: mark as applicable

- ☐ **I have never been convicted of a crime punishable by confinement in the Penitentiary**
- ☐ **I have never been convicted of a felony in federal court, or of a felony in the court of another state, as provided in Section 44 of the Mississippi Constitution.**
- ☐ **I meet all constitutional, statutory and other legal requirements to hold said office.**

Signature of candidate _____ *Date*

Received by _____
Signature _____ *Title* _____ *Date*